

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	0	↓	↓	↓	↓	↓
TOTAL CLAIMS	1	2	3	4	5	6

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	2					
TOTAL DEP.	4	↓	↓	↓	↓	↓
TOTAL CLAIMS	46					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

AVAILABLE COPY